City of Rockville
Grant Application for Community Organizations*
Requesting over $1,000
Fiscal Year 2014 (July 1, 2013 – June 30, 2014)

Organization's Name: _____

Organization's Address: _____

City/State/Zip: _____

Website Address: _____

Program Name: _____

Contact Person/Title: _____

Telephone Number: **(____)_____**   **FAX: (____)_____**

Email Address: _____

Amount Requested: _____

Use of Request: Will the City of Rockville's grant be used to maintain an existing program, expand an existing program or start a new program? Check the appropriate box.

[ ] Maintain Existing Program   [ ] Expand Existing Program   [ ] Start New Program

*NOTE: Organizations that operate human service programs and receive funding from Montgomery County Health & Human Services must complete the Nonprofit Grant Application form instead of this form.

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We, the undersigned, authorize the submission of this application to the City of Rockville and confirm that the information contained herein is accurate and can be verified as such. We understand and agree that if the requested grant is approved, the disbursement of grant funds will be subject to all grant conditions that may be established from time to time by the City of Rockville.

_____   _____
Signature (Executive Director) & Date   **Signature (Board President) & Date**

_____   _____
Typed Name (Executive Director)   **Typed Name (Board President)**

Organization's Name: _____

Program Name: _____

1. Briefly describe the need that your program works to address. To what extent does this need exist in Rockville?

2. Briefly describe the services or activities your program proposes to provide with City funding in FY 2014, including relevant dates or hours of operation. How many Rockville residents will participate in or benefit from the services or activities your program will provide?

3.   Program Impact: List the program's anticipated outcomes. What will change as a result of clients participating in program activities? (Outcomes are defined as the changes/benefits in skill, behavior, knowledge, attitude, condition, status, or awareness that participants experience during or after taking part in program activities. *Refer to Instructions - Attachment 1 for examples.*)

Organization's Name:

Program Name:

3. Briefly describe the history and mission of your organization or event and your prior experience providing this service. Do you rely on board members, staff and/or volunteers to provide this service or activity?

4. Please describe the process you use to assess program effectiveness and customer satisfaction. On Page 6, describe the objectives, quantitative performance measures and outputs you have developed to track and evaluate the benefit(s) provided by this program to Rockville residents.

Organization's Name:

Program Name:

5.   How specifically will the City dollars you are requesting for FY 2014 in the budget on page 5 be used to provide the program described in Question #2?

6. Did your program receive funding from the City of Rockville for FY 2013? __Yes __No

If the amount of your FY 2014 request represents an increase, please explain the reason(s) for the increase.

7. If the City can only provide partial funding of your request, which activities described in Question #2 would you prioritize to receive funding?

8. What other funding will your organization raise/contribute to operate this program or activity? Be sure to include these funding sources in your budget on page 5.

9.   Please list those persons who are legally authorized to sign agreements, reimbursement requests, etc.

10.   Please attach recent pamphlets, brochures, etc. that you use to publicize your service or event.

CITY OF ROCKVILLE GRANT APPLICATION - FISCAL YEAR 2014

Organization's Name:

Program Name:

Budget Categories	City Request	Program Budget		
		Last Yr. FY '12	Current Yr. FY '13	Grant Yr. FY '14
Revenue Lines 1 – 9				
1. Contributions - direct (Include special events, net of direct costs)				
2. Grants from *Foundations*: (Identify by *name*)				
a)				
b)				
c)				
3. In-kind Contributions (Reflect only items shown in expense lines below, and list by *type*, i.e., rent, personnel, etc.)				
4. Fees & Grants from *Government* sources (list)				
City of Rockville				
5. Program Fees				
6. United Way, Montgomery Alliance, CFC Designations				
7. Other (list)				
8. Total Support & Revenue (lines 1 – 8)				
Expense (lines 9 – 20)				
9. Personnel (salaries, benefits, taxes)				
10. Consultants/Contract Services				
11. Occupancy (rent, electricity, gas, etc.)				
12. Consumable Supplies				
13. Transportation/Travel				
14. Liability Insurance				
15. Rental/Lease of Equipment				
16. Other Direct Expense/Costs				
17. SUB – TOTAL (lines 9-16)				
18. Depreciation (prorated share for this program)				
19. Other – specify _____				
20. Total Expense (lines 17 & 18 & 19)				
21. Excess/(Deficit) (line 8 minus 20)				

| AGENCY: | PROGRAM LOCATION: |
| PROGRAM: | PROGRAM HOURS/DAYS OF OPERATION: |

PROGRAM MISSION:

PROGRAM PERFORMANCE	FY '12 Actual	FY '13 Projections at 6 months	FY '14 Estimate
OBJECTIVE:			
Indicator:			
Indicator:			
OBJECTIVE:			
Indicator:			
Indicator:			
OBJECTIVE:			
Indicator:			
Indicator:			
Outputs: (e.g. number of classes, number of publications, number of persons served)			
Unduplicated Client Statistics: Total unduplicated number of persons served: Unduplicated number of total who were Rockville residents:			